

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/21/96

2 Serial/Patent # 08/575 763

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing		<u>12-20-95</u>	<u>\$689.00</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND	<u>\$68.90</u>
8 TO BE REFUNDED BY:	
Treasury Check	
Credit Deposit A/C #:	<u>23--2415</u>
9	
10 REASON:	
<input type="checkbox"/> Overpayment	
<input type="checkbox"/> Duplicate Payment	
<input checked="" type="checkbox"/> No Fee Due (Explanation):	

11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:	<u>Isaac Clark</u>	TITLE:	<u>LIS</u>
SIGNATURE:	<u>Isaac L. Clark</u>	PHONE:	<u>3084984</u>
OFFICE:	*****		
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED:	<u>Bill Phillips</u>	DATE:	<u>6-26-96</u>

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

ID	MCH	TPE	NAME OR ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
D	280	I	232415	28002	951219	960130	101	1,378.00
D	280	I	232415	28003	951219	960130	581	40.00

NO MORE TRANSACTIONS

END OF YOUR QUERY